

WHY INTERNATIONAL MEDICAL INSURANCE?

Each year, millions of people travel outside of their Home Countries, beyond the boundaries of their medical insurance. They're concerned with the potential out-of-pocket expenses that could result from an injury or sickness abroad. SRI has designed a group program for JKST Inc. which offers medical coverage and emergency services to participants of the group traveling outside their Home Countries. This is only a brief description of JKST Inc. group program. For a full description, see the Program Summary, which will be provided to you once you are enrolled.

ELIGIBILITY

The JKST Inc. group program provides coverage as outlined in this brochure for participants of the group while traveling outside of their home country.

PERIOD OF COVERAGE

Effective Date

Your coverage will begin on the latest of the following: (1) Moment of departure from Home Country; or (2) The date and time the Group Application and full premium are received by Travel Insurance Services; or (3) The date requested on the Group Application.

Expiration Date

Coverage will end on the earlier of the following: (1) The moment of the Insured Person's arrival in their Home Country*; or (2) The date shown on the Group Application, for which premium has been paid. * Except when Home Country Coverage benefit is used; or (3) The date the Insured Person ceases to be a participant, employee or member of JKST Inc.

DESCRIPTION OF COVERAGE

Medical

When the Insured incurs a covered Injury or Illness, the program will pay Usual, Reasonable and Customary medical charges for Covered Expenses, excess of the \$0 Deductible and Coinsurance, up to the selected Policy Maximum. Only such expenses, incurred as the result of a disablement, which are specifically enumerated in the following list of charges, are incurred within six months from the onset of an Injury or Illness, and which are not excluded in the Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (within the metropolitan area) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

Dental - Emergency Only - The Emergency Dental Benefit is treatment necessary to resolve acute, spontaneous and unexpected inception of pain to natural teeth (\$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (\$500). This benefit is subject to the \$0 Deductible and Coinsurance.

Emergency Medical Evacuation/Repatriation - The Program will pay Covered Expenses, up to the maximum of \$25,000, incurred if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person (the Insured Person's medical condition warrants immediate transportation from the medical facility where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained). The benefit must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.*

Return of Mortal Remains - The Program will pay the reasonable Covered Expenses incurred up to a maximum of \$10,000 to return the Insured Person's remains to his/her Home Country, if he or she dies.*

Emergency Medical Reunion - When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with the Insured, the program will arrange and pay, up to \$10,000, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country.

Return of Minor Child(ren) - Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the program will arrange and pay up to \$5,000 for one way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)).*

Hospital Indemnity – If you are hospitalized while traveling outside of the United States or Canada, and the hospitalization is considered a Covered Expense, the program will indemnify the Insured \$100 for each night spent in the hospital (this benefit is in addition to any other covered expenses of the program).

Interruption of Trip - If the Insured is unable to continue the Trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The program will reimburse (up to \$5,000) the Insured for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. *

Loss of Checked Luggage - If the Insured's checked luggage is permanently lost by the airline, the program will reimburse the Insured for the replacement of clothing and personal hygiene items lost to a maximum per bag limit of \$50 (up to \$250). This benefit is secondary to any other (including airline) coverage available. The Insured must furnish proof to the Company that full reimbursement has been obtained from the airline. *

Assistance Services - Upon enrollment into JKST Inc. group program, you are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the Program Summary. Open 24 hours / day, 365 days a year • Multilingual personnel • Physicians / Nurses on staff • Locate local facilities • Help with emergency situations.

Home Country Coverage - This benefit covers you for incidental trips to your Home Country (60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month). Maximum benefit is reduced to \$50,000 while in your Home Country. Coverage will be limited to \$5,000 for conditions first diagnosed outside Your Home Country (Does not apply for Emergency Evacuation or Repatriation).

* NOTE: In the event of an Emergency Medical Evacuation, Repatriation, Return of Mortal Remains, Emergency Reunion, Return of Minor Child(ren), Interruption of Trip, Loss of Checked Luggage benefit is needed or utilized, arrangements must be made by the Assistance Service Provider. Complete details about the benefits and about the required notification of the Assistance Service Provider are contained in the Program Summary.

PRENOTIFICATION / REFERRAL

In order to ensure your claims are addressed as efficiently as possible, the Insured or the provider of service must contact the Assistance Company for prenotification prior to: any medical treatment in the US as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available 24 hours a day, 7 days a week throughout the year to answer your questions, provide assistance, and guide you to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within 48 hours, or as soon as reasonably possible. Prenotification does not guarantee that benefits will be paid. Failure to prenotify will result in a 20% reduction in Eligible Benefits.

Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical program intended for use while away from your Home Country. This group program does not guarantee payment to a facility or individual for medical expenses until SRI determines that it is an eligible expense.

CLAIM SUBMISSION

Filing a claim with SRI is easy. You will receive an identification card and claim form once you are approved for insurance. When you receive treatment, send the original, itemized bills to SRI within 90 days. Eligible bills are automatically converted from local currencies to US dollars. For payments of eligible medical expenses, notify SRI of pending treatments and we can refer you to approved health care providers worldwide. You're only responsible for your deductible, coinsurance amounts and non-eligible expenses. For more details, consult the Program Summary that is provided with your insurance kit, or contact the SRI Claim Department.

INSURANCE CARRIER

Virginia Surety Company, Inc., Rated A "Excellent" by A.M. Best

QUICK DEFINITIONS

The term "**Coinsurance**" shall mean the percentage amount of eligible Covered Expenses, after the \$0 Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. **Coinsurance** on the JKST Inc. group program reads as follows: *Inside the US and Canada*, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the Medical Limit. *Outside the US and Canada*, the program pays 100% to the Medical Limit.

The term "**Deductible**" shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. Under this group program, the Deductible is \$0.

The term "**Home Country**" shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

The term "**Host Country**" shall mean any country other than the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.